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|  | **Means Tested Free School Meals Application** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |
|  |  |  |  |
| Address |  | Your E-mail |  |
|  |  |  |
|  | Your Telephone |  |
|  |  |  |

Dear Parent/Carer,

Your child may be able to get free school meals if you receive child benefit and one of the benefits listed overleaf.

**Get funding for your child’s school** – even if your child is in reception, year 1 or year 2, if you qualify for means tested free school meals, not only will your child receive a healthy nutritious meal, but the school will get funding of at least £900 to help provide valuable support for your child. This money is available from central government every year for 6 years, even if your child stops receiving a free school meal.

**Help with your family budget** – once you qualify, your child will remain entitled to a free school meal until at least 2025, even if your circumstances change

To check if your child is eligible, we need information about you and your child.

**Parent/Carer Details**

|  |  |  |
| --- | --- | --- |
|  | **Parent/Carer 1** | **Parent/Carer 2** |
| First Name |  |  |
| Last Name |  |  |
| Gender |  |  |
| Date of Birth |  |  |
| National Insurance Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| National Asylum Support Service (NASS) Number |  |  | **/** |  |  | **/** |  |  |  |  |  |  |  | **/** |  |  | **/** |  |  |  |  |  |

 **About your Child(ren) – please complete this section for each child**

|  |  |  |  |
| --- | --- | --- | --- |
| Childs First Name(s) |  |  |  |
| Childs Surname |  |  |  |
| Gender | Male/Female | Male/Female | Male/Female |
| Date of Birth |  |  |  |
| Name of School/Nursery |  |  |  |
| Do they currently attend this school/nursery? | Yes/No | Yes/No | Yes/No |
| If no what date will they start? |  |  |  |
| Is this full or half days? | Full/Half | Full/Half | Full/Half |

|  |  |  |  |
| --- | --- | --- | --- |
| Childs First Name(s) |  |  |  |
| Childs Surname |  |  |  |
| Gender | Male/Female | Male/Female | Male/Female |
| Date of Birth |  |  |  |
| Name of School/Nursery |  |  |  |
| Do they currently attend this school/nursery? | Yes/No | Yes/No | Yes/No |
| If no what date will they start? |  |  |  |
| Is this full or half days? | Full/Half | Full/Half | Full/Half |

Please tick all benefits that you receive;

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child Benefit |  |  | Guarantee Pension Credit |  |
|  |  |  |  |  |
| Income Support |  |  | Universal Credit (net earnings of less than £7,400) |  |
|  |  |  |  |  |
| JSA (IB) |  |  | Working Tax Credit Run-On |  |
|  |  |  |  |  |
| ESA (IR) |  |  | Child Tax Credit (income less than £16,190) |  |
|  |  |  |
| Support from NASS under part 6 of the Immigration and Asylum Act 1999 |  |

Receipt of one of the above benefits will be checked with the relevant government departments (HMRC, DWP & Home Office) and this may be done via the Eligibility Checking Service. In some circumstances you may need to provide proof of your income, we will contact you if we need this.

If you are not sure whether you receive once of the listed benefits, or what your family income is, but you would still like us to check whether your child is eligible for free school meals, please tick this box

If you are not a British citizen, have no recourse to public funds, or have not been granted asylum and are a carer of a British Citizen or have a child receiving support, please tick here. We may need to contact you for more information and evidence.

**Declaration**

The information I/we have given on this form is complete and accurate and I/we understand that any incorrect or incomplete information given could result in prosecution. I/we give my/our consent to check my/our eligibility via the Eligibility Checking Service.

I understand that I/we must also notify the local authority of any change to my family’s financial circumstances.

In accordance with General Data Protection Regulations 2018, Gateshead Council will use any personal data to process your application. We may also share this data with other council services or public organisations if required by law to do so. Your personal data will only be used in respect of your claim and not for marketing purposes or passed to third parties.

To read how we will use your information, please view our full privacy notice, at www.gateshead.gov.uk/data-protection.

|  |  |  |  |
| --- | --- | --- | --- |
| Your Signature |  |  Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Partners Signature |  |  Date |  |

|  |  |
| --- | --- |
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| **Apply by:** |  |
|  |  |
| **Returning the completed form to:-** | Benefits Service, Civic Centre, Regent Street, |
|  | Gateshead, NE8 1HH |
|  |  |
| **Telephone Free School Meals on:-** | 0191 433 3729  |
|  |  |
| **Email Free School Meals on:-** | benefitsfsm@gateshead.gov.uk  |
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